Family-building Strategies in Urban India: Converging Demographic Trends in Two Culturally Distinct Communities

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Abstract:

This article examines desired family size and sex composition, the extent of son preference, the underlying motivations for the preference, and the knowledge and use of the new reproductive technologies to achieve these preferences in two culturally distinct but economically similar immigrant communities in New Delhi, India. The two groups – one group from Punjab, north India, and the other from Kerala, south India – are considered in the literature to be two extremes in the socio-cultural spectrum, particularly in terms of kinship organizations, gender relations, women's decision-making power, and levels of women's autonomy. The results of the study suggest that shared urban experience, acceptance of a small family norm, and easy accessibility of new reproductive technologies and abortion services have led to similarities in desired family size, preference for sons, and means taken to realize their preference in the two communities. The article concludes with a discussion of the intricate and intersecting views of parents on family size, son preference and daughter neglect, and the many ways of regulating family size and sex composition in urban India, and draws parallel with similar research findings in India and elsewhere in Asia.

Keywords: family size | sex composition | son preference | urbanization | India

Article:

Introduction

Much has been written about the role of cultural characteristics, place of residence, and socio-economic factors in influencing married couples' fertility decisions, especially those related to family size and sex composition (see, for instance, Basu 1992; Greenhalgh 1995; Isaac and Frank 1999). A robust body of literature suggests that, in comparison with couples living in rural areas, those living in urban areas have small family size, balanced family sex composition, and increased parental investment of household resources to ensure the well-being of their children.[1] Ongoing debates in the fields of demography and development on the impact of urbanization on family size in India reinforce the general observation (Valsoff 1991; Patel 1999) that urban

residence and improvement in household income are positively associated with a small family size, decline in son preference, and a balanced family sex composition (Bhat and Zavier 2003).[2] However, most of the research on these issues deals with analyses of either macro-demographic data describing overall regional patterns or socio-demographic data documenting settled communities to understand demographic behavior within specific geographical, social, and economic contexts (D'Cruz and Bharat 2001; Roy 2000; Niranjan, Nair, and Roy 2005). Furthermore, a substantial body of demographic literature examining family size and sex composition verges on being economic determinist. It examines demographic behavior with the assumption that making fertility choices is analogous to making economic choices. Only a small number of studies have used a cross-cultural comparative approach to examine preferences for family size and sex composition among married couples living in urban areas in India (Basu 1992).

In this article, we compare couples' preferences for family size and sex composition in two communities that are culturally distinct, but economically similar and sharing a common urban environment. The article is based on data collected through household surveys and in-depth interviews during a six-month field study in 2007 in two communities living in New Delhi, the capital city of India.[3] The first is a Hindu community living in Punjab Vihar (a pseudonym). It represents families from the north Indian state of Punjab. The second is also a Hindu community, living in Kerala Vihar (a pseudonym). It represents families from the south Indian state of Kerala. Punjab Vihar is a multi-storied residential complex, with 210 apartments, located in the south-west part of New Delhi. Ninety-two middle-class Punjabi families live in Punjab Vihar. Kerala Vihar is also a multi-storied residential complex with 200 apartments. It is located approximately three miles from Punjab Vihar. Eighty-three middle-class Kerala Hindu families presently live in Kerala Vihar. The results of our study show an emerging convergence in terms of opinions surrounding family size and sex composition, preference for sons, and family-building strategies among couples in the two communities. We discuss this convergence as a consequence of adapting to an experience of living in an urban environment shared by the two communities.

India's population: the ‘north–south divide’

According to recent national census figures, India's population is more than one billion and accounts for approximately 15% of the world's total population (Census of India 2001; Agnihotri 2000). Since the early 1950s, India's population is characterized by a persistent trend of a masculine sex ratio.[4] In recent census enumerations, this trend has been especially noticeable in sex ratios at birth and in the child population (0–6 years old). Several studies on inter-regional variation in the overall sex ratio and child sex ratio report stronger masculine sex ratios in the north Indian states of Haryana, Punjab, Rajasthan, and Uttar Pradesh than in the south Indian states of Kerala and Tamil Nadu.[5] Based on a recent analysis of long-term data on the sex ratio distribution, researchers report that between 1981 and 2001 the sex ratio in the zero to two years old age group has become masculine in all states in the country. However, this masculine trend is most evident in Punjab and least evident in Kerala.[6]

Several strands of explanation of the observed sex ratio trends have emerged in academic discourse. Although a broad north–south comparison can be problematic in the light of the size of these regions and the level of intra-regional cultural, linguistic, and economic diversity, it might be helpful to provide a brief overview of the academic research that has described the two regions in terms of their demographic and cultural differences.

Scholars have described communities living in the two states as almost polar contrasts, especially in terms of preference for sons, rules of inheritance of family name, property, and assets, marriage customs and practices, and women's education and participation in income-generating activities (Basu 1992; Miller 1981; Jacobsen and Wadley1977; Sudha and Irudaya Rajan 2003). Punjab has experienced a marked fertility decline, as measured by the total fertility rate (TFR). Punjab's TFR declined from 5.3 in the 1970s to 2.6 in the 1990s. However, it continues to lag behind Kerala's TFR, which was reported to be 1.8 in 2001. Scholars attribute the decline in Punjab's TFR to increased availability of facilities providing family planning and healthcare services, flourishing agricultural and industrial sectors in the state, overall increase in per-capita income, and rapid economic development (Saxena, Sharma, and Wadhva 2003). In contrast, communities in Kerala have not experienced any significant economic development, continue to be dependent on state funding or remittances from overseas (including the Gulf), and show high employment-based migration rates from rural into urban areas. Yet, state-level data from Kerala indicate markedly high levels of women's education and labor force participation, which are often described as indicators of women's societal status.[7] On the other hand, women in Punjab, especially in rural areas, have low levels of education and limited participation in income-generating activities.[8]

The widely discussed ‘divide’ between north and south also relates to gender relations, status of women, and the kinship systems. Traditionally, the south Indian kinship system has been described as bilateral, with women having some rights of inheritance and flexibility of residence after marriage. This is in stark contrast to the patrilineal, patrilocal, and exogamous kinship system in the north (Dyson and Moore 1983; Kishor 1993). Although in classic accounts researchers have suggested that the ‘north–south divide’ can be especially relevant in understanding variation in gender relations, patterns of son preference, and gender gaps in birth and survival of sons versus daughters across India, one must avoid overgeneralizations based on crude measures of population and cultural characteristics.

Recent academic discourse on the relationship between culture and demography in India has highlighted the problematic of over-generalizing and has called for an effort to ‘situate’ demographic behavior in its local cultural context. A large body of research using macro-level regional data focuses on how residence pattern and location, access to education, family planning, and healthcare services, and participation in income-generating activities influence overall fertility, and family size and sex composition.[9] It emphasizes the need to move beyond purely economic explanations and to pay more attention to women's autonomy, reproductive choices, and regulatory roles of local social systems on demographic behavior. There are only a few community-level studies that follow the above prescription to examine the additive influence

of local patriarchal systems, urban migration, and patterns of residence on son preference and family size from a cross-cultural perspective.[10]

Based on research among poor first-generation immigrants belonging to two distinct regional groups – one north Indian from Uttar Pradesh, and the other south Indian from Tamil Nadu – living in the same locality in New Delhi, Basu (1992) argues that the influence of cultural background on demographic behavior is primarily mediated through women's social position. She suggests that women's education and economic independence are crucial variables influencing their reproductive behavior (Basu 1992, 226).

Although Basu (1992) reports no appreciable difference in terms of the observed demographic outcomes between the two immigrant groups relative to the reported demographic characteristics in their states of origin, her research emphasizes the need to examine the cultural underpinnings of demographic behavior.

Drawing on the proposal that underscores the relevance of examining the social 'location' of reproductive behavior and demographic outcomes from a cross-cultural perspective,[11] this paper discusses preferences of family size and sex composition, the extent of son preference, and the means undertaking to achieve these preferences by married couples living in Punjab Vihar and Kerala Vihar.[12] We examine these family-composition preferences based on couples' self-reported level of education, participation in income-generating activities, and knowledge and use of the available family planning services and new reproductive technologies.[13]

Residential clustering in New Delhi

The housing patterns of the respondents from the two communities can be described as 'residential clustering' – a common characteristic observed among immigrant communities living in New Delhi (Srinivas 1966). According to Srinivas:

> In a city such as Delhi [New Delhi] … practically every linguistic [or regional] group of India has voluntary cultural or other organizations which try to recreate for the speakers of each language their home environment … There is also a certain amount of residential clustering on the basis of language, and this is achieved even in housing projects built by the Government of India. (1966, 139)

By living in close proximity, families obtain benefits in terms of recreating residential and community characteristics that, to some extent, mimic their traditional cultural environment. By organizing cultural events and religious activities, families in these neighborhoods forge new alliances and strengthen ties with their ethnic roots. Other reasons for 'residential clustering' include formation of neighborhood groups and voluntary organizations to foster collective action (Balakrishnan, Maxim, and Jurdi 2005; Khandelwal 2002).

Families in Punjab Vihar and Kerala Vihar have promoted community activities in their respective neighborhoods. These activities include mobilizing the community for celebrating religious festivals, locality improvements projects, and teaching native languages to children. The majority of families in Punjab Vihar have been living in New Delhi for at least one generation. The couples have maintained varied levels of contact with their relatives living in their native state of Punjab. In recent years, a few families have lost contact with Punjab because their close relatives have moved to New Delhi. In contrast, Kerala families are recent migrants to New Delhi, but most families have been living in New Delhi for approximately 15–20 years and have maintained regular contact with their relatives living in Kerala. In casual conversations, married couples from Kerala Vihar expressed a desire to return to the native states of Kerala after retirement. Married couples in the two localities described the benefits of living in close proximity to people from their regional, linguistic, and religious backgrounds and expressed a sense of neighborhood familiarity and security. According to a 35-year-old man who lives in Kerala Vihar:

> In our locality, everyone knows everyone else. We all live here like the way we used to live in Kerala. We have a strong sense of community and we help each other. Of course, life in New Delhi is crazy; it is fast and impersonal. We do not have time to talk to our neighbors let alone time to help them. But we try our best to not get too absorbed in the mad rush of this city to ignore our neighbors and community.

Among Punjab Vihar and Kerala Vihar residents, a sense of shared community acts as a strong regulatory force on individual and family behavior. Some residents feel that the community's efforts to maintain an excessively parochial social network have at times resulted in ethnic isolation and loss of opportunities for their children to learn about the urban ways of life. Some residents feel unduly pressured by their neighbors in such matters as family size, child spacing, son preference, children's education, and women's employment. According to a 27-year-old woman who lives in Punjab Vihar:

> I like that we can rely on our neighbors for support. But I also feel that just because we all are Punjabis [Punjabi-speaking individuals] somehow we have a right to interfere in our neighbor's life. I do not like [*sic*] when women in my neighborhood tell me not to work, sit at home, and take care of my husband and children. They want me to behave like a traditional Punjabi housewife. They tell me that I should have at least one more child. I want to tell them to mind their own business, but I know that is not a good thing to say. Both my husband and I work so that we can take care of ourselves and our two children in this expensive city. We cannot afford a large family and I cannot afford to sit at home and not work.

Clearly, the discourse surrounding this dual adjustment process is far from homogeneous. It reveals how individuals based on their immediate personal and family circumstances construct their own views about the benefits and limitations of ‘residential clustering.’ Examining this complex discourse can be especially useful in understanding the emergent family-building

strategies in the two culturally and regionally distinct but economically similar immigrant communities now living in the same urban environment.

Socio-demographic profiles: Punjab Vihar versus Kerala Vihar

Twenty-six (approximately 43%) out of all women respondents in Kerala Vihar and twenty-two (approximately 37%) out of women respondents in Punjab Vihar are in the 25–29 years old age category (Table 1). The majority of couples in both communities are reproductively active and have not achieved their desired family composition. Although the average family income in Kerala Vihar is slightly higher than that in Punjab Vihar, all sample families can be described as middle-class by Indian income standards (Table 2). All married couples either own their homes or are making regular mortgage payments. There are slightly more single-income families in Punjab Vihar than in Kerala Vihar. It is noteworthy that only men work in all single-income families regardless of community affiliation. All married men and women in the two communities are educated at least up to high school. More men than women are professionally qualified as doctors, engineers, government officers, or university professors. More women in Kerala Vihar than in Punjab Vihar are professionally qualified and work as state employees, teachers, or bank officers.

Table 1. Age-wise distribution of couples in Punjab Vihar and Kerala Vihar.

	Punjab Vihar		Kerala Vihar	
Age category	Men	Women	Men	Women
20–24 years	8 (13)	16 (27)	11 (18)	13 (22)
25–29 years	15 (25)	22 (37)	23 (38)	26 (43)
30–34 years	12 (20)	9 (15)	9 (15)	8 (13)
35–39 years	8 (13)	5 (8)	12 (20)	9 (15)
40–44 years	10 (17)	4 (7)	3 (5)	2 (3)
45–49 years	7 (12)	4 (7)	2 (3)	2 (3)
Note: Data presented as number (%).				

Table 2. Demographic profile: Punjab Vihar versus Kerala Vihar.

	Punjab Vihar (n = 60)	Kerala Vihar (n = 60)
Age at marriage for women (mean, years)	22.3	22.7
Family size (mean)	4.0	3.7
Child sex ratio[a] (zero to six years old)	890	920
Annual family income (mean, $)[b]	28,800	30,000
Number of single-income families (only husband employed)	10 (17%)	8 (13%)
Number of double-income families	50 (83%)	52 (87%)
Number of men with at least high-school degree	60 (100%)	60 (100%)
Number of women with at least high-school degree	54 (90%)	60 (100%)
Note: [a]Sex ratio is calculated as number of females per thousand males. [b]These figures are based the 2007 currency exchange rate of 1$ = 45 Rupees.		

There is little difference between Punjab Vihar and Kerala Vihar in terms of family size and the number of children per family – the average family size in Punjab Vihar is 4.0, while that in Kerala Vihar is 3.7. The average family size in both communities is markedly lower than that reported for Delhi (5.0) and for India (5.3) (Census of India 2001). The majority of the families in the two communities – 30 families in Punjab Vihar and 24 in Kerala Vihar – have two children per family. Eighteen families in Punjab Vihar, as compared with 10 families in Kerala Vihar, have three children per family. Finally, eight families in Punjab Vihar, as compared with 22 families in Kerala Vihar, have only one child per family. Four families each in Punjab Vihar and Kerala Vihar did not have any child at the time of the study. In considering these results, it is important to note that several married couples in the two communities reported that they plan to have more children and that the average family size in the two communities is likely to increase over time.

Boys outnumber girls in the child population (0–6 years old) in both communities. However, the observed child sex ratio is more skewed in favor of boys in Punjab Vihar (890 girls per 1000 boys) than that in Kerala Vihar (920 girls per 1000 boys). The reported child sex ratios among respondent families in the two communities are lower than India's national child sex ratio (927 girls per 1000 boys). This difference is more evident in Punjab Vihar than Kerala Vihar. Furthermore, the child sex ratio in Kerala Vihar is markedly lower than that in Kerala (963 girls per 1000 boys). In contrast, the child sex ratio in Punjab Vihar is slightly higher than that in Punjab (793 girls per 1000 boys) (Census of India 2001).

The mean age at marriage among women in the two communities shows little variation – 22.3 years in Punjab Vihar and 22.7 years in Kerala Vihar. These figures are higher than the reported

mean age at marriage of 20.5 years in Punjab and 20.8 years in Kerala (Census of India 2001). In both communities, women respondents have delayed their marriage by approximately one year in comparison with women living in Kerala and Punjab. Both women and men respondents reported delaying marriage so that they could complete their education, obtain a reliable job, or achieve financial stability before getting married. Women respondents in both communities emphasized the need for financial stability before marriage or having children. This is an important finding because it shows a trend of delayed marriage among women, which can in turn be attributed to their level of education and participation in income-generating activities.

Although the importance of a woman's level of education and role in income-generating activities is widely acknowledge, the array of available evidence on the association between a women's decision-making power within the family and her level of education and employment is not uniformly positive or negative. Our findings are consistent with the evidence that suggests that educated and employed women, especially in urban areas, are more likely to postpone marriage, use contraceptive methods for child spacing or limiting family size, and to seek a balanced sex composition in the family (Jeffery and Basu 1996; Noronha, Jeffery, and Jeffery 2008; Jejeebhoy 1998; Dharmalingam and Morgan 1996; Nath, Kenneth, and Goswami 1999).

Family size: Punjab Vihar versus Kerala Vihar

Qualitative information presented in this section is based on in-depth interviews conducted with 30 married couples in Punjab Vihar and Kerala Vihar. Since an overwhelming majority of couples in the two communities lived in double-income families, we decided to focus on this subset in the second phase of the study. In researching preferences for family size and sex composition, we remained sensitive to gender hierarchy and decision-making processes within the family. We were conscious of the fact that, in patriarchal societies, women's voices are sometimes muted in the presence of men (Raheja and Gold 1994). We allowed our respondents to make decisions if they wanted to be interviewed individually or as a couple. In all cases except three families in Punjab Vihar, spouses agreed to be interviewed separately. Following the prescription for in-depth interviewing, we continued data collection among married couples until we started getting repetitive data or reached the point of data redundancy (Bernard 2000).

In both communities, ‘double-income’ couples expressed a general sense of satisfaction with family income, but reported that economic factors play a major role in determining their desired family size. A small number of couples (two in Punjab Vihar and one in Kerala Vihar) specifically expressed preference for three children, but also stated that limited economic resources and demands of their professional lives prevent them from having a large family. According to a 35-year-old woman from Kerala Vihar:

> My husband and I would like to have three children. We talked about it but decided to stop having children after the birth of our second child. We simply cannot afford it. It is expensive to raise a family in New Delhi. Educating children in good private English-speaking schools is expensive. My husband and I have jobs. We leave home by 7:30 in the morning and come back around 6:30 in the evening. So we do not have enough time to take proper care of our children. It is good that our children are now old enough to take

> care of themselves, but it was hard when they were young. The city life demands that we behave like educated folks and not breed like animals. There is no other option.

More women than men reported that a large family size is not suitable in an urban city like New Delhi. They cited professional demands on their time, domestic chores, financial needs of a large family, and small size of their homes as key factors making a large family size less desirable. Some women described a small family size as an important indicator of being educated and living in a city. According to a 23-year-old woman from Punjab Vihar:

> It is just not the modern thing to do. New Delhi is an urban place and people who live here are well educated and professionally successful. We are not like our parents and grandparents who were not raised in a city. They were raised in villages so they did not know how to limit their family size. These are not the times of our parents or grandparents. We live in modern times and we live in a city. Only uneducated people who live in villages have large families. Educated people who live in cities have small families.

Most couples described a large family size as simply unaffordable and/or as a characteristic of rural peasant communities. Respondents from Kerala Vihar and Punjab Vihar expressed family size preference of two or three children per family primarily for its affordability and adaptability to their urban lifestyle. No couple desired a large family size (more than three children per family). According to a 32-year-old woman school teacher from Punjab Vihar:

> My mother-in-law lives in a village in Punjab. She insists that I should have at least four kids. I cannot even think of having such a large family. I just cannot afford it. I am a social studies teacher in a private school here in New Delhi. I teach my students about the benefits of a small family. I tell them that our country can no longer afford a large population and that we all should act responsibly. Parents living in rural Punjab think that a large family size is a sign of prosperity. In New Delhi, it is simply unaffordable. When we got married my husband wanted to have three children but soon realized that we cannot afford to have a large family. We talked about family size and I told him that I did not want a large family. He was upset in the beginning but now he agrees with me. I think that as parents our goal is to provide the best of education and support to our two children so that they can be successful in their careers.

Working women respondents in both communities reported that being economically independent has improved their autonomy and decision-making power within the family. In our sample, women respondents' education and employment emerged as two reliable predictors of fertility and their autonomy and decision-making power within the family in the two communities.

Achieving desired family size

For couples in Kerala Vihar and Punjab Vihar, the process of adapting to the urban lifestyle has caused a shift in family size preference. They show a high level of knowledge, acceptance, and use of temporary methods of contraception, such as condoms and intra-uterine devices, to avoid an unwanted pregnancy. Nine couples in Kerala Vihar and eight couples in Punjab Vihar reported using contraceptive methods on a regular basis for child spacing. The use of the temporary methods of contraception by married couples in the two communities is considerably higher than that reported at the national level in India (US Agency for International Development 2003). Three couples in Kerala Vihar and two couples in Punjab Vihar have opted for sterilization after achieving their desired family size. The high acceptance and use of temporary and permanent methods of contraception can also be described as an effect of couples' increased exposure to an urban environment and an overall improvement in their educational and economic status.

Couples in Punjab Vihar and Kerala Vihar are acutely aware of the economic advantages of a small family size and this awareness directly translates into their reproductive choices and behaviors. However, there are other factors that contribute to the couples' desired family size. These include a perceived need for educating and providing support to children, fear of being ridiculed by neighbors and friends for having a large family, adopting the behavior expected from an educated and urban individual, and acting out in the national interests to control India's growing population. In our discussions with respondents in both communities these issues emerged as additional reasons influencing the preferred family size. These shared concerns represent a convergence of responses to urban experiences that contextualize and qualify the observed demographic outcomes. Clearly, the emergent demographic trends cut across the traditional cultural domains and regional boundaries previously described as key differences in the two communities.

Family sex composition: Punjab Vihar versus Kerala Vihar

During in-depth interviews, we inquired about respondents' preferences of sex composition of children. Considering that parents in India prefer sons over daughters, we specifically probed for more information on son preference among couples in the two communities. Learning about the desired number of sons and daughters and the reasons for the ‘stated’ desire are important for examining the possible relationship between son preference and family size.[14] In rural communities, the preponderance of a large family size suggests that couples continue to have children in order to have a desired number of sons per family. However, in urban communities many aspects of modernization – education, employment, the availability of contraceptives, and easy accessibility of new reproductive technologies – not only temper son preference, but also provide the means to achieve a desired family composition without increasing family size.[15]

Qualitative data analysis revealed the following two patterns of ‘stated’ preference for family sex composition among couples in Punjab Vihar and Kerala Vihar.

Pattern one: one son–one daughter

The majority of couples – 10 in Punjab Vihar and 13 in Kerala Vihar – expressed a strong desire for a small but sex-balanced family. Both women and men respondents reported preference for a family with an equal number of sons and daughters. Interestingly, we found a positive association between the 'stated' and 'actual' preference for family sex composition among majority of couples. For only four couples in Punjab Vihar and three couples in Kerala Vihar, the 'actual' family size and sex composition did not conform to their 'stated' preference. According to a 34-year-old woman from Kerala Vihar:

> We wanted a small family – one boy and one girl. After I gave birth to my second child [boy], I asked my husband if one of us should opt for sterilization. He preferred to use temporary methods over sterilization. He told me that he wanted to keep his options open as our circumstances may change in the future. Two years later, I realized that I was pregnant. I did not want to opt for abortion. So now I have three beautiful children. It is difficult to live in a small apartment with three school-going children and managing family and work. But my husband is very helpful in the house and, with our collective income, we both are managing well.

Some Kerala Vihar couples idealized their preference for a small sex-balanced family. According to a 31-year-old father from Kerala Vihar:

> My wife and I want a balanced family; one son and one daughter. We do not want two sons or two daughters. It is important for a brother to have a sister and vice versa. We do not believe that sons should be given any special treatment. To me, there is no difference between a son and a daughter. We live in a world where women are stepping into occupations that have been traditionally held by men. Girls are joining engineering programs, enrolling in the military, and becoming pilots. When the professional world is providing equal treatment to boys and girls why should we discriminate on the basis of sex? It is just not right?

Couples in the two communities remained convinced that a small and sex-balanced family size was most adaptive to their urban lifestyle. The observed association between the 'stated' preference for and 'actual' family sex composition further suggests that, regardless of their regional background, married couples in both communities have similar preferences of family size and sex composition.

Pattern two: two sons–one daughter

Five couples in Punjab Vihar and two couples in Kerala Vihar reported strong preference for a two-sons–one-daughter family composition. They described financial reasons for not having more than one daughter, citing concerns related to wedding expenses and dowry. Couples in Punjab Vihar reported that having two sons adds to their social prestige, provides financial stability, ensures a risk-free inheritance of family property, and provides assurance of support during old age. According to a 38-year-old woman from Punjab Vihar:

> All my relatives have at least two sons. For my husband, having two sons is very important. I agree with him because it is a traditional matter. I believe sons provide emotional security to parents, especially in their old age. I do not expect my sons to live with me after they get married, but I do expect them to take care of us when we are old and need their help. I cannot expect that from my daughter. I know she would support her parents, but it is not the same. In our culture we do not ask a daughter for help.

In contrast to the above opinion, couples in Kerala Vihar expect that both sons and daughters should support parents in their old age. Kerala Vihar women generally accept motherhood as their defining role and believe that they will receive support from their children. According to a 40-year-old woman from Kerala Vihar:

> A mother has a special relationship with her children. She raises them with expectations that one day they will support her. Children are obligated to take care of their parents, especially when the parents grow old and need their help. I do not think only sons should bear the burden of parental care. Both sons and daughters should join hands in helping their parents. I helped my parents and I expect that my children will do the same.

Although more couples in Punjab Vihar than in Kerala Vihar reported a preference for more sons than daughters, all couples expressed a strong desire to have at least one daughter per family. Women reported that having a daughter in the family was important for emotional support and for strengthening their position in the family. It is important to note that none of the couples we interviewed expressed the desire for a daughter-only family, a two-daughters–one-son family, or a two-daughter family.

Punjab Vihar couples listed living in an urban environment, increased exposure to education and media, and improvement in their economic status as important reasons for not discriminating against daughters. According to a 36-year-old woman from Punjab Vihar:
If you look around there is no difference between boys and girls. Parents should equally value their sons and daughters; both are important. Sons are expected to take care of their parents while daughters are expected to provide emotional support to parents. I know many families where daughters take care of their parents because the sons have abandoned them.

Interestingly, some couples in Punjab Vihar reported that, despite an urban lifestyle, reliable sources of income, and high education levels in their community, parents continue to prefer sons over daughters. They justified son preference in terms of the constraints of raising a large family in an urban environment, high demand for dowry among Punjabi families living in New Delhi, and a daughter's inability to provide support and care to her parents during their old age. At least for these couples in Punjab Vihar, as the small family size norm has taken root, the experience of ‘modernity’ itself has become a strong reason for son preference. The differences in the opinions

point to a ‘paradox of modernity’, suggesting that the relationship between traditions and modernity can be described as problematic. Although modernization and urbanization have led to improvements in household economic status and parents' education level, their long-term effects on reducing son preference in India are still uncertain.[16]

Achieving the desired family sex composition

The results suggest that, regardless of differences in regional affiliation, there is remarkable consensus and convergence among couples from Kerala Vihar and Punjab Vihar on family size and sex composition. Most couples prefer a small family size, usually two children per family, and a balanced family sex composition, usually a son and a daughter. They show a high level of acceptance and use of contraceptive methods to limit family size and for child spacing. For achieving a balanced sex composition, several couples remarked that ultrasonography can be used for prenatal sex identification. Given the sensitivity of the issue and the fact that using ultrasonography for prenatal sex identification is illegal in India, we did not expect individuals to reveal that they have used ultrasonography or female-selective abortion.[17] Several researchers have documented under-reporting of the use of ultrasonography for prenatal sex identification and female-selective abortion citing fear of legal implications and social condemnation (Khanna 1997; Patel 2007). It is important to note that, by virtue of their urban residence and family income, married couples in the two communities have easy access to affordable clinics and medical centers that provide ultrasonography and abortion facilities.

Eight couples in Punjab Vihar and five couples in Kerala Vihar reported that they have used ultrasonography or female-selective abortion to achieve a desired number of sons. Most agreed that it was appropriate for a couple to seek selective abortion of female fetuses if the goal is to achieve a sex-balanced family composition while keeping a small family size. According to a 32-year-old woman from Punjab Vihar:

> My husband and I wanted to have a small family – a son and a daughter. We waited for four years after our marriage to start our family. We are a working couple, so we had to plan our family size. We have one daughter and we wanted our next child to be a boy. After the birth of my daughter, I told my husband that I wanted a son to complete my family. He suggested that when I get pregnant again, I can use ultrasonography to learn if it is a boy or girl. We both decided that it was the best strategy to have a balanced family. We live here in this city by ourselves. Our problems, hopes, and aspirations are unique to our situation. We cannot compare the way we live with our relatives who live in rural Punjab. So, after two years, when I conceived for the second time, I went to the local ultrasonography clinic and learned that I was pregnant with a boy. I may have opted for an abortion if I had learned that I was pregnant with a girl. But I am glad I did not have to do that. Just because I wanted a son, it does not mean that I do not love my daughter. I love her very much and want to educate her so that she can have a good career. In a big city like ours, we should not discriminate against girls. When we look around we notice that women in this city are as successful as men.

The majority of respondents believe that the use ultrasonography for prenatal sex identification and the practice of female-selective abortion are justified if there is a living daughter and the parents want a sex-balanced family composition. Clearly, couples' preference for a small family size and a balanced sex composition may be a factor driving the use of ultrasonography and female-selective abortion in both communities. However, respondents did not support using ultrasonography for prenatal sex identification and female-selective abortion in a random manner. Furthermore, three women – one in Punjab Vihar and two in Kerala Vihar – reported that they had used ultrasonography as part of their routine pregnancy check up, but they did not seek information about the sex of the fetus during or after the procedure.

Conclusion

We compared preferences for family size and sex composition and family-building strategies among couples in Punjab Vihar and Kerala Vihar – two culturally distinct yet economically similar communities living in adjacent neighborhoods in New Delhi. We observed two inter-related patterns associated with demographic behavior among couples in the two communities. First, the majority of couples in both communities have adapted to an urban environment and way of life by preferring to have a small and sex-balanced family. Second, couples in both communities employ similar family-building strategies to achieve their preferences. The emergent family-building strategies involve using temporary methods of contraception for child spacing, ultrasonography for prenatal sex identification, and female-selective abortion for avoiding the birth of an unwanted daughter.

In a general sense, our observations are consistent with the findings of a larger body of social science literature suggesting that urban residence and the associated access to education, healthcare, and improved household income collectively play an important role in changing perceptions of family size and gender preference (Ramu 1991; Maralani 2008; Das Gupta et al. 2003; Kabeer 1996). In our study, exposure to an urban lifestyle and the associated improvements in education and economic status have resulted in similar preferences for family size and sex composition and the analogous reasons for these preferences among couples belonging to two culturally distinct but economically similar communities. In contrast to the demographic and cultural characteristics that define their native regions, the majority of couples living in Punjab Vihar and Kerala Vihar prefer a small family size and balanced sex composition. They exhibit a preference for sons, yet this preference does not translate into a strong desire for an all-son family or in selective discrimination against girls, especially in terms of the allocation of household resources for healthcare or education.

Although the observed ‘convergence’ of demographic characteristics in the two communities can be argued to be a characteristic specific to New Delhi, communities throughout India are experiencing increasing integration into and dependence on urban environment for subsistence. Both macro-level regional studies and micro-level community studies of demographic behavior in urban areas indicate that urban exposure has the most positive influence on the use of contraception, decline in child mortality, and fertility reduction (Arokiasamy 2002; Arnold, Choe, and Roy 1998; Lahiri 1974; Dreze and Murti 2001). Some studies suggest that desire for a

small family size in India is associated with a decline in preference for sons and in balancing of the sex ratio among children in the family (Bhat and Zavier 2003; Saluja 2005). A recent analysis of the National Family Health Survey II data suggests that a majority of married couples in Kerala and Punjab want a sex-balanced family and that a decline in the desired family size is associated with a weakened preference for sons in India.

Our findings support the above observations and suggest that the desire for family size is associated with an increased ‘stated’ preference for a sex-balanced (one-son–one-daughter) family. We argue that urban experience indeed acts as a strong force bringing about changes in preference for family size and sex composition. Married couples' choices are influenced by their immediate urban environment and are motivated by the available resources. The couples show a high level of acceptance of contraceptive methods and use the available prenatal diagnostic technologies and abortion services. From a social demographic perspective, the observed changes in family size and sex composition may suggest transformation, or even convergence, of the underlying cultural characteristics associated with family composition and sex preference in the two communities.

Drawing on the available evidence from other Asian countries, researchers have recently reported that a trend of gradual decrease in family size and balancing of sex ratio in South Korea can be attributed to a combined effect of increase in women's education and employment levels, improved family income and living standards, urbanization, and gradual changes in social norms leading to a decline in son preference (Chung and Das Gupta 2007). Although India is experiencing rapid urbanization, the trend can be at best described as uneven in comparison with that of South Korea. However, the results reported here suggest that the couples' urban experience, exposure to and acceptance of contraceptive methods, and the availability of ultrasonography and abortion facilities have influenced their decisions and actions to achieve a desired family size and sex composition. Furthermore, the availability and easy access to better quality healthcare improve the survival chances of children, thus motivating couples to have smaller families.

Finally, as noted above, these changes reflect a convergence of previously distinct kinship regimes and family organizations between the two communities, leading to a similarity in preference for and the means used to achieve a sex-balanced family. But these emerging preferences and the associated family-building strategies should not be taken as an indicator of reduction in son preference or an emergence of daughter preference in India. Although our results show similar demographic patterns in two culturally distinct urban communities, they also indicate that couples desiring a small and sex-balanced family size use ultrasonography for prenatal sex determination and engage in the practice of sex-selective abortion of female fetuses. These findings not only lend urgency to understanding the complex relationship between urban residence and fertility patterns from a cross-cultural perspective, but also call for a more nuanced examination of the means used to achieve the ideals of ‘small family’ and the long-term demographic consequences of the emerging family-building strategies in urban communities in India and other parts of Asia. Furthermore, community-based cross-cultural research is needed to examine the specific pathways through which factors such as place of residence, household

economic status, women's education, economic independence and autonomy, and access to family planning and healthcare services influence fertility outcome, especially family size and sex composition.

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Notes

1. Researchers suggest that structural changes brought about by industrialization and urbanization act by synergistically influencing women's level of education, household income, increased availability of healthcare services, and easy accessibility of contraception. See Cleland (2001), Mace (2008) and Khan and Raeside (1997).

2. By ‘balanced family sex composition’ we mean a family with equal number of sons and daughters. A similar demographic trend has been documented in Korea. In a recent study based on an analysis of the Korean National Fertility and Family Health Surveys in 1991 and 2003, Chung and Das Gupta (2007) report a trend of balancing of sex ratio in the country, especially after the mid-1990s. The researchers describe the observation as a combined effect of an increase in women's education and employment levels, improved family income and living standards, urbanization, and changes in social norms leading to a decline in son preference.

3. Geographically, New Delhi is a small land mass embedded in the north Indian state of Haryana that encapsulates the city from the north, west, and south. The northwestern tip of the city projects into the state of Uttar Pradesh. Over the past five decades, New Delhi has expanded both in terms of land area and population. The additive effect of Delhi's political and commercial activities has resulted in unrelenting immigration of people from other parts of the country. Every year, scores of people immigrate into the city in search of employment. According to the 2001 census reports, around 14 million people live in New Delhi (Census of India 2001).

4. For the purposes of this paper, the sex ratio is calculated as (number of females / number of males) x 1000.

5. Much research has been done on regional sex ratio patterns. For a historical discussion on this topic, see Miller (1981); also see Clark (2000) and Agnihotri (2000).

6. Bhat and Zavier (2007) report that, between 1981 and 2001, the sex ratio for the zero to two years old age group in Punjab increased by 20 (from 1073 in 1981 to 1273 in 2001). In contrast, the sex ratio in Kerala increased by 14 (from 1027 in 1981 to 1041 in 2001).

7. For a discussion comparing changing fertility and mortality rates in Punjab and Kerala, see Nag (1989). Also see S. Sudha and S. Irudaya Rajan (1999), Saluja (2005), and Varma and Babu (2007).

8. For a detailed discussion on women's education and labor force participation in Punjab and in other north Indian states, see Jeffery and Basu (1996), Jean and Murthi (2001), Banerjee (1998) and Mandelbaum (1988).

9. For a detailed discussion on the role of girls' education on women's autonomy and decision-making power, see Noronha, Jeffery, and Jeffery (2008); also see Jeffery and Basu (1996).

10. Basu (1992) provides the first most comprehensive discussion of the inter-relatedness of culture, women's status within the household and community, and demographic outcomes from a cross-cultural perspective.

11. Anthropologists have stressed on the need to examine demographic behavior in terms of socio-economic circumstances, cultural beliefs and practices, and the immediate socio-political context. The notion of a new synthesis between anthropology and demography as proposed by Greenhalgh (1995) and Kertzer and Fricke (1997) is in essence a call for a demography informed by ethnographic insights.

12. We conducted household surveys and in-depth interviews in two overlapping phases. First, we used a detailed family survey (with close-ended questions) for data collection from a purposive sample of 60 families in each community (total families = 120). In this phase we focused on rapport-building, collecting demographic and economic data, and identifying key informants for the next phase of data collection. Our sample exclusively represents nuclear families (a family consisting of parents in the 20–49 years old age category and their children) for two main reasons. First, joint or extended families in the two communities were less than 10% at the time of data collection (four families in Kerala Vihar and eight families in Punjab Vihar). Second, married couples in the 20–49 years old age group are most likely to make decisions regarding family size and sex composition. In the second phase of data collection, we used in-depth open-ended individual interviews to collect opinions and experiences of 15 married couples in Punjab Vihar and 15 married couples in Kerala Vihar (total married couples = 30) with regard to the ‘stated’ desired family size and sex composition, son preference, knowledge and use of contraceptive methods, the use of ultrasonography for prenatal sex determination, and the practice of sex-selective abortion. For data analysis, we used QSR (NVivo7) for qualitative data analysis. It allows for a composite analysis of in-depth interview data and participant observation notes. Qualitative data analysis involved systematic coding and organizing data for identifying and interpreting recurrent themes.

13. The phrase ‘new reproductive technologies’ refers to medical diagnostic technologies and fertility-related procedures commonly used to assist in conception, diagnose the outcome of conception, and to monitor pregnancy. These include ultrasonography, amniocentesis, chorionic villus sampling, pre-conceptional gamete screening, and *in vitro* fertilization. Based on empirical research, scholars suggest that a combined use of ultrasonography prenatal sex identification and female-selective abortion has emerged as a new family-building strategy in India. Scholars argue that new reproductive technologies have perpetuated the discrimination against girls from the postnatal period to the prenatal period. See, for example, Gupta (2000), Patel (2007) and also Booth, Verma, and Beri (1994) and Khanna (1997).

14. A large body of literature suggests that son preference is strongly associated with fertility behavior and family size in India and that, in comparison with communities in the south, son preference is stronger in communities in the north. For an excellent discussion on son preference based on long-term community-level data, see Wadley (1994); also see Clark (2000), and Pande and Astone (2007).

15. See, Khanna (1997) on the use of ultrasonography for prenatal sex identification and the practice of female-selective abortion as a means of achieving a desired family size and sex composition in an urbanizing community.

16. Nilsson (2004) described the ‘paradox of modernity’ in terms of an awkward and often unpredictable relationship between tradition and modernization. For a detailed discussion on regional variation in India in terms of the relationship between household income, women's education and autonomy, and preference for sons and family size, see Arokiasamy (2002); also see Clark (2000) and Croll (2000).

17. It is beyond the scope of this paper to provide a detailed discussion of the legal issues surrounding the use of ultrasonography for prenatal sex determination and sex-selective abortion. Both practices have been declared illegal in India since the adoption of the Prenatal Diagnostic Techniques (Regulation and Prevention of Misuse) Act of 1995 (revised in 2003). Although the use of ultrasonography for prenatal sex determination and the practice of sex-selective abortion are illegal in India, the legal enforcement has been ineffective and the illegality has not deterred clinicians from offering and clients from using these services. For a detailed discussion of this topic, see Khanna (1999) and Patel (2007).

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